

# INTRODUCTION OF THE MUSEUM AND LIBRARY SERVICES ACT OF 2003

## HON. PETER HOEKSTRA

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, January 7, 2003*

Mr. HOEKSTRA. Mr. Speaker, today I am introducing a bill to reauthorize federal assistance to museums and libraries through fiscal year 2009. The Museum and Library Services Act of 2003 maintains the modest but essential federal support for museums and libraries across the country; authorizes funds for the one federal agency—the Institute of Museum and Library Services—devoted exclusively to museums and libraries; and encourages model cooperation between museums and libraries.

Last Congress, the Committee on Education and the Workforce reported H.R. 3784, the Museum and Library Services Act of 2002. That bill had 94 cosponsors, was supported by the Administration, and was endorsed by the American Library Association, the Chief Officers of State Library Agencies and the American Association of Museums.

The Museum and Library Services Act of 2003 makes several modifications to current law to streamline and strengthen museum and library services, and will help build on the bipartisan progress made by the Committee during the 107th Congress.

Generally, this legislation authorizes the federal library and museums program under the Institute of Museum and Library Services. Specifically, the Museum and Library Services Act of 2003: Requires the Director of the Institute of Museum and Library Services to establish procedural standards for making grants available to museums and libraries (ensuring that the criteria are consistent with the statutory purposes); Prohibits projects that are determined to be obscene from receiving funding; Ensures that library activities are coordinated with activities under the No Child Left Behind Act of 2001; Consolidates museum and library advisory board activities under a single statute; Authorizes the IMLS Director to issue National Awards for Library Service and National Awards for Museum Service; and Ensures that administrative funds are also used to conduct annual analyses of the impact of museum and library services to evaluate and identify needs and trends of services provided under funded programs.

The Museum and Library Services Act of 2003 makes common sense reforms to authorized museum and library activities, includes provisions important to Members on both sides of the aisle and reauthorizes a program that should be supported by the Congress.

I hope that my colleagues on both sides of the aisle cosponsor the Museum and Library Services Act of 2003. I look forward to completing this legislation this Congress so we can ensure that our nation's museums and libraries are getting the best assistance we are able to provide from the federal level.

# COMMENDING THE PEOPLE AND GOVERNMENT OF KENYA

## HON. ALCEE L. HASTINGS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, January 7, 2003*

Mr. HASTINGS of Florida. Mr. Speaker, I rise today to express my total support for the people and the newly elected government of Kenya. The hard work and perseverance on the part of the people of Kenya is commendable, as they march along the difficult road of peace and democracy. In much of the developing world, we have witnessed, time and again, countries whose efforts have fallen short of that needed to fully implement a democratic tradition.

The determined Kenyan voters ignored unseasonably heavy rains and provided a solid mandate to the new president, the parliament, and local councilors throughout the country. It is refreshing to see the change of government at the ballot box of free and fair elections and not at the end of rifles. Local and international observers who witnessed the election of President Mwai Kibaki described it as the fairest in Kenya's 39-year history. I urge this body to support and commend the Kenyans for the positive measures they have taken to establish a solid democratic foundation.

This body, the House of Representatives, along with the Senate and the executive branch should provide assistance to this country as it continues to build its economy and political institutions.

# INTRODUCTION OF THE GERIATRIC CARE ACT OF 2003

## HON. GENE GREEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, January 7, 2003*

Mr. GREEN of Texas. Mr. Speaker, I rise today to reintroduce the Geriatric Care Act of 2003, an important piece of legislation which will help our nation prepare for the health care pressures associated with the aging of the baby boom generation.

Americans are living longer than ever, with the average life expectancy rising to 80 years old for women and 74 years old for men. While this is generally a positive development, there are costs associated with the aging of America. As seniors live longer, they face greater risks of disease and disabilities, such as Alzheimer's, diabetes, cancer, stroke, and heart disease.

Geriatricians are physicians who are uniquely trained to help care for the aging and elderly. By promoting a comprehensive approach to health care, including wellness and preventive care, geriatricians can help seniors live longer and healthier lives.

It is critical that our nation have a sufficient number of geriatricians to help manage the aging of the baby-boom generation. Unfortunately, there are currently only 9,000 certified geriatricians, and that number is expected to decline dramatically in the coming years. Of the approximately 98,000 medical residency and fellowship positions supported by Medicare in 1998, only 324 were in geriatric medicine and geriatric psychiatry. The Alliance for

Aging Research estimates that the United States will need approximately 36,000 geriatricians to counter the aging population. We must do more to promote geriatric residency programs.

There are two barriers preventing physicians from entering geriatrics: insufficient Medicare reimbursements for the provision of geriatric care and inadequate training dollars and positions for geriatricians.

A MedPac survey found that Medicare's low reimbursement rates serve as a major obstacle to recruiting new geriatricians. Due to their higher level of chronic disease and multiple prescriptions, seniors require additional care to ensure proper diagnosis and treatment. Medicare's reimbursement rates do not factor the complex needs of elderly patients. Because geriatricians treat seniors exclusively, they are especially affected by Medicare's low reimbursement rates.

Additionally, the Balanced Budget Act placed limits on the numbers of residents a hospital can have, based on 1996 numbers. This cap serves as a disincentive for some hospitals, and has caused them to eliminate or reduce their geriatric Graduate Medical Education (GME) programs.

The legislation I am introducing today would remedy both of these problems, so that America is prepared for the aging baby boom generation. The Geriatric Care Act would modernize the Medicare fee schedule to more accurately reflect the cost of providing care for seniors. It also would allow for additional geriatric residency slots, so that we can develop an adequate supply of geriatricians for the next generation.

I urge all of my colleagues to join me as cosponsors of this legislation. Thank you, Mr. Speaker, I yield back the balance of my time.

# INTRODUCTION OF THE MEDICARE MARKET ACQUISITION DRUG PRICE ACT

## HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, January 7, 2003*

Mr. STARK. Mr. Speaker, I rise today to introduce the Medicare Market Acquisition Drug Price Act. This bill would correct a long-standing and well-documented problem with the way Medicare pays for the few outpatient prescription drugs it covers today. This bill would save the government billions of dollars and lower cost-sharing for Medicare beneficiaries who are paying a substantial share of the industry's bloated prices today. Congress should enact this bill immediately.

This problem must be resolved—this year—whether or not we succeed in creating a new Medicare prescription drug benefit. We have had hearings, we have had GAO and Inspector General reports, and we have had bipartisan consensus that this is a problem, but due to pharmaceutical industry efforts, we have had no congressional action. This problem was not addressed in the prescription drug legislation passed by the House Republican leadership last Congress. In the absence of congressional action, the Centers for Medicare and Medicaid Services, CMS, at the Department of Health and Human Services recently took modest steps to trim overpayments resulting from the current system. I applaud